

**BC 4868****Application for Automatic Extension of Time  
To File BATTLE CREEK Income Tax Return****20**

<b>Please Type or Print</b>	Your first name and initial (if joint return, also give spouse's name and initial)	Last name	Your social security number
	Present home address (number and street or rural route).		Spouse's social security no.
	City, town or post office, state, and ZIP code		Employer ID no.

REQUESTED FOR: \_\_\_\_\_ TAX PERIOD: \_\_\_\_\_ FORM NUMBER: BC - \_\_\_\_\_  
(Enter Month & Year)**INSTRUCTIONS:**

Prepare this form in duplicate. File the original with the Battle Creek Income Tax Department on or before the due date for filing your return. Attach the duplicate to your Battle Creek Income Tax Return. (If you wish to have an approved copy you must enclose a stamped pre-addressed envelope in which it will be returned.)

A four month extension of time until \_\_\_\_\_, 20\_\_\_\_\_, is hereby requested in which to file the Battle Creek Income Tax Return indicated above for the calendar year \_\_\_\_\_, or fiscal year beginning \_\_\_\_\_, 20\_\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.

Where an extension of greater than four months is requested, the tax tentatively determined to be due must be paid by the last day of the fourth month. The Uniform City Income Tax Ordinance limits the extension of time for filing annual returns to SIX MONTHS from the original due date.

A \_\_\_\_\_ month extension of time for filing until \_\_\_\_\_, 20\_\_\_\_\_, is hereby requested in which to file the Battle Creek Tax return indicated above for the calendar year \_\_\_\_\_, or fiscal year beginning \_\_\_\_\_, 20\_\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.

**TENTATIVE TAX COMPUTATION:**

1. Tentative City of Battle Creek Income Tax ..... \$ \_\_\_\_\_
2. Less:
  - a. City Tax Withheld ..... \$ \_\_\_\_\_
  - b. Estimated Tax Paid  
to Battle Creek ..... \$ \_\_\_\_\_
  - c. Other Credits ..... \$ \_\_\_\_\_
  - d. Total Credits (Lines a + b + c) ..... \$ \_\_\_\_\_
3. BALANCE DUE (Line 1 Less Line 2d) ..... \$ \_\_\_\_\_

PROCESSING NO. \_\_\_\_\_

- ☐ Your request for Extension is **GRANTED**  
☐ Your request is **DISAPPROVED**

By: \_\_\_\_\_  
(Director of Income Tax) (Date)**SIGNATURE AND VERIFICATION:**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and, if prepared by someone other than the taxpayer, that I am authorized to prepare this form.

Signature of taxpayer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of spouse: \_\_\_\_\_ Date: \_\_\_\_\_  
(If filing jointly, BOTH MUST sign)Signature of preparer  
other than taxpayer: \_\_\_\_\_ Date: \_\_\_\_\_

MAIL TO: CITY INCOME TAX DEPARTMENT, P. O. BOX 1657, BATTLE CREEK, MICHIGAN 49016  
(Make checks payable to: BATTLE CREEK CITY TREASURER)